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Case Study

EFFECT OF *VIRECHANA KARMA* ON FUNCTIONAL OUTCOME IN A CASE OF *PAKSHAGHATA* (POST-STROKE HEMIPLEGIA)

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ABSTRACT

Pakshaghata (hemiplegia), described under *Vatarogas* in Ayurveda, closely correlates with post-stroke hemiplegia. Stroke is a major cause of long-term disability, and early interventions are crucial to improve functional outcomes. Classical Ayurvedic texts recommend *Virechana Karma* (therapeutic purgation), particularly *Snigdha Virechana* (therapeutic purgation using fat), as a primary line of management in *Pakshaghata.* **Case Presentation**: A 60-year-old female presented 24 days after an ischemic stroke with left-sided hemiplegia, slurred speech, and severe dependence in activities of daily living. MRI confirmed an acute infarct involving the right cerebral hemisphere. *Snigdha Virechana* was administered using *Gandharvahasthadi Erandataila* following classical preparatory procedures. **Outcome**: Functional status was assessed using clinical parameters and the Barthel Index before and after treatment. The Barthel Index score improved from 20 to 65, indicating progression from total dependence to moderate dependence. Improvements were also noted in muscle strength, sitting and standing balance, walking ability, speech, and pain. **Conclusion**: This case suggests that *Virechana Karma* may contribute to significant functional improvement in post-stroke hemiplegia. *Virechana* may serve as a foundational therapeutic intervention before other Ayurvedic modalities in *Pakshaghata* management.

INTRODUCTION

Pakshaghata is a major neurological disorder described under *Vatarogas* in Ayurvedic literature, characterized by loss of movement and strength on one side of the body. Classical texts, including the Charaka Samhita, advocate "*Pakshaghate Virechanam*" as the primary therapeutic approach[1]. *Virechana* helps eliminate morbid *Doshas*, clear *Srotorodha* (channel obstructions), and restore normal *Vata Gati* (*Vata*'s normal direction of movement). Additionally, *Mridu Samshodhana* (mild purificatory therapy) is the initial treatment used to manage aggravated *Vata*[2]. In *Vata* diseases, *Snigdha Virechana* (therapeutic purgation with oily substances) is advised to detoxify without further disturbing *Vata*, which is already imbalanced. *Snigdha Virechana* is also mentioned as the treatment of *Vata* aggravated in *Pakvashaya*.[3] As all the *Vata Rogas* have their origin *in Pakvashaya*, the treatment for the same can cure and prevent *Vatarogas* affecting other parts of the body. Constipation is one of the most common gastrointestinal complications in post-stroke patients.[4] It may result in *Vata* being occluded by impacted stool. *Eranda Taila* (castor oil) is mentioned as the drug of choice in such a condition.[5] *Gandharvahastadi Erandataila* is a special oil formulation where *Gandharvahastadi Kashaya* (decoction) is processed in castor oil.[6] This formulation can act as both a pacifying (*Shamana*) and a purifying (*Shodhana*) remedy simultaneously.

In post-stroke patients, gastrointestinal dysfunction, impaired metabolism, and *Vata* aggravation are commonly observed. This case report documents the effect of *Virechana Karma* on functional recovery in a patient with post-stroke hemiplegia, assessed using the Barthel Index.

Patient Information

A 60-year-old female, previously independent, presented with left-sided hemiplegia following an ischemic stroke 24 days prior. She was wheelchair-

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bound and unable to sit or stand without support. Associated complaints included slurred speech, headache, constipation, poor appetite, disturbed sleep, and abdominal heaviness after meals. The symptoms matched those of *Pakshaghata,* as described in Ayurvedic classics, including loss of movement and weakness on one side of the body, muscle contraction on the affected side, and difficulty speaking.[7]

She had a known history of hypertension for six months and was on aspirin (150mg), clopidogrel (75mg), and atorvastatin (20mg) since the stroke. There was no significant family history of stroke. Her height was 160cm, and her weight was 62kg.

Clinical Findings

General examination revealed no pallor, icterus, cyanosis, or clubbing. Higher mental functions were intact. Superficial and deep sensory sensations were also intact; however, 2-point discrimination was impaired on the affected side. Muscle power on the affected side was graded as 2/5, with flaccid tone. Deep tendon reflexes, such as knee, ankle, biceps, and triceps reflexes, were exaggerated on the affected side. Coordination tests, such as the finger-nose test, could not be performed on the affected side.

Vital parameters were stable (BP: 130/80 mmHg; pulse: 74/min).

Timeline

Event	Date
Diagnosis of hypertension	Jan–July 2024
Onset of stroke	16-08-2024
Allopathic stroke management	From 16-08-2024
Ayurvedic intervention started	10-09-2024

Diagnostic Assessment

The CECT scan of brain taken at the time of onset of stroke had revealed the presence of an acute infarct involving right caudate nucleus, anterior limb of right internal capsule, right lentiform nucleus, right external capsule, right insular cortex, temporal and frontal insular operculum, cortex and subcortical white matter of temporal lobe, subcortical and periventricular white matter of right frontal lobe and right corona radiata.

Laboratory investigations revealed elevated ESR (51mm) and fasting blood sugar of 131mg/dL. Other biochemical parameters were within normal limits.

Therapeutic Intervention

Deepana–Pachana was administered using *Trikatu Churna* (3 g twice daily) for three days. This was followed by *Shodhanartha Snehapana* (internal oleation done prior to purification) with *Goghrita* (cow's ghee), gradually escalated from 30ml to 200ml over five days. After *Snehapana Sarvanga Abhyanga* (whole-body oil massage) with *Bala Taila* and *Sarvanga Bashpa Sweda* (whole-body sudation therapy) were administered for four days. On the fourth day of *Abhyanga*, *Sweda,* after a hot water bath, *Snigdha Virechana* was performed using 100ml of *Gandharvahasthadi Erandataila* with milk as *Anupana* (adjuvant drink), given at the time of appetite. Ten *Vegas* (bouts) were observed over three sittings. *Samsarjana Krama* (dietary regimen after purificatory therapy) was advised as suitable for *Avara Shuddhi* (purification inferior).

No adverse events were observed.

Outcome And Follow-Up

Post-treatment assessment revealed significant improvement in functional abilities. The patient regained the ability to sit and stand independently; walking capacity increased threefold; pain resolved; speech improved to subnormal levels; and muscle strength increased from a slight flickering ability to the ability to move against gravity. Frequent mild left-sided pain was completely relieved following treatment. The patient reported complete relief of abdominal heaviness after meals.

The Barthel Index score improved from 20 (total dependence) to 65 (moderate dependence). At the 14-day follow-up, the patient was able to walk without assistance.

Table 1: Barthel index

	Domain name	Range of Scores	BT	AT
1	Feeding	0 = Unable 5 = Needs help in cutting, spreading butter, etc., or requires a modified diet 10 = Independent	5	10
2	Bathing	0 = dependent 5 = independent (or in shower)	0	0
3	Grooming	0 = Needs help with personal care 5 = Independent face/hair/teeth/shaving (implements provided)	0	0
4	Dressing	0 = Dependent 5 = Needs help but can do about half unaided	0	5

		10 = Independent (including buttons, zips, laces, etc.)		
5	Bowel	0 = Incontinent (or needs to be given enemas) 5 = Occasional accident 10 = Continent	5	10
6	Bladder	0 = Incontinent or catheterized and unable to manage alone 5 = Occasional accident 10 = Continent	5	10
7	Toilet use	0 = Dependent 5 = Needs some help, but can do something alone 10 = Independent (on and off, dressing, wiping)	0	5
8	Transfers (bed to chair and back)	0 = Unable, no sitting balance 5 = Major help (of one or two people, physical) can sit 10 = Minor help (verbal or physical) 15 = Independent	5	10
9	Mobility (on level surface)	0 = Immobile or <50 yards 5 = Wheelchair independent, including corners, >50 yards 10 = Walks with help of one person (verbal or physical) >50 yards 15 = Independent (but may use any aid; for example, stick) > 50 yards	0	10
10	Stairs	0 = Unable 5 = Needs help (verbal, physical, carrying aid) 10= Independent	0	5
	Total		20	65

BT = Before treatment, AT = After treatment

0-20 – Total dependence

21-60 – Severe dependence

61-90 – Moderate dependence

91-99 – Slight dependence

100 – Complete independence

Table 2: Finger Movement

Finger Movement	Score	BT	AT
No	4	√	
Slight	3		
Unable to hold an object	2		√
Able to hold with less power	1		
Normal	0		

Table 3: Sitting from Lying Down

Sitting From Lying Down	Score	BT	AT
Unable	3		
Difficult even with support	2	√	
With Support	1		
Without Support	0		√

Table 4: Standing from Sitting

Standing from Sitting	Score	BT	AT
Unable	3		
Difficult even with support	2	√	

With Support	1		
Without Support	0		√

Table 5: Increase in Walking Capacity

Increase in Walking Capacity	Score	BT	AT
Before Treatment	4	√	
2 times as before	3		
3 times as before	2		√
4 times as before	1		
5 times than before	0		

Table 6: Pain

Pain	Score	BT	AT
Too much pain	3		
Frequent mild pain	2	√	
After exertion	1		
No pain	0		√

Table 7: Loss of Speech

Loss of Speech	Score	BT	AT
Aphasia	5		
Utter voice	4		
Speak a few words	3		
Speak with difficulty	2	√	
Subnormal	1		√
Normal	0		

Table 8: Muscle power

Loss of Muscle Power	Score	BT	AT
No movement - 0/5	5		
Slight flickering- 1/5	4	√	
Movement without gravity- 2/5	3		
Movement with gravity- 3/5	2		√
Movement against resistance- 4/5	1		
Normal movement- 5/5	0		

Table 9

Maximum Score of disability	BT	AT
27	20	7

DISCUSSION

Basti is regarded as the best treatment for *Vatarogas*, while *Virechana* can be considered the primary treatment for *Vatarogas*, such as *Pakshaghata*. *Virechana* helps remove obstructions in the channels, related *Doshas*, and clears the pathway of *Vata,* thereby promoting the normal movement of *Vata* and other *Doshas*, which is crucial for restoring normal metabolism. The effects of *Virechana* are believed to range from resolving gastrointestinal issues associated with post-stroke hemiplegia to influencing the microbiota-gut-brain axis. According to Ayurveda, *Agni* (digestive fire) is vital for proper digestion and metabolism. Proper functioning of *Agni* indicates excellent gastrointestinal health, ensuring the right composition and function of the gut microbiota*. Urjo agni*, or a strong and stable digestive system, is a primary benefit of *Virechana*[8]. The *Samsarjana krama* is also designed to systematically strengthen and

stabilize *Agni*, which is necessary for digesting various types of food[9]. It is presumed that this is only possible with a healthy gut microbial composition. Thus, *Virechana* plays a crucial role in accelerating recovery in post-stroke hemiplegia patients by enhancing digestion, mitigating gastrointestinal complications, and stimulating the nervous system via the microbiota-gut-brain axis. Here, the patient was taking modern medicines during the course of treatment; at the same time, no Ayurvedic medications other than those for *Virechana* were administered, because it was improper to administer them during the course of *Virechana*. The modern medication for post-stroke management was continued. The impact of *Virechana*, followed by other therapies such as *Basti* (medicated enema), is also not observed in this case report.

Snigdha virechana is the primary treatment for various *Vatarogas*, including *Pakshaghata*. *Virechana* alone can bring favorable changes in the quality of life for post-stroke patients. When combined with other therapies systematically explained in Ayurvedic classics, it can promote faster recovery from post-stroke disabilities.

CONCLUSION

Snigdha Virechana Karma demonstrated significant improvement in functional outcomes in a patient with post-stroke hemiplegia. This case supports the classical Ayurvedic recommendation of *Virechana* in *Pakshaghata* and highlights its potential role in improving activities of daily living.

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